

**RWJUH Hamilton
2017 Patient Outcomes Report
Goals of the Oncology Program**

- To decrease the morbidity and mortality of patients with cancer.
- To improve the quality of patient care.
- To continue cancer control efforts.
- To enhance prevention and education.

Cancer Committee Members

Role	Name
Cancer Committee Chair	Dr. Michael McKenna
Cancer Liaison Physician	Dr. Firas Eladoumikhachi
Diagnostic Radiologist	Dr. Gurvan Blackman
Pathologist	Dr. Malik Deen
Medical Oncologist	Dr. Maqsood Amjad
Radiation Oncologist	Dr. Michael McKenna
Radiation Oncologist	Dr. Rachana Singh

Role	Name
Cancer Program Administrator	Tonya Davis, AVP Cancer Program
OP Oncology Nurse	Amy German, RN, OCN
IP Oncology Nurse	Lisa Nevius, RN, OCN
Certified Tumor Registrar	Stacy Yates, CTR
Social Worker	Roberta Weiner, MSW
Registered Dietician	Cindy Diamond Gottlieb
Clinical Research Coordinator	Lynn Glenn, RN, OCN
Genetic Professional	Sandra D'Elia, GCG
Palliative Care Team Member	Barbara Snyder, PhD
Pharmacist	Melikte Yohannes
Rehabilitation	Ketki Vyas
Pastoral Care Services	Chaplain Ted Taylor
American Cancer Society	Maureen Kuhn
Radiation Oncology	Kristen Greene
Breast Patient Navigator	Patty Hutman-Parker, RN
Lung Patient Navigator	Vivian Owusu-Mensah, APN
Tumor Registry Data Support	Joan Case
Quality Improvement Coordinator	Anna Lissa Lopez
Quality Control Coordinator	Stacy Yates / Dr. Rachana Singh
Community Outreach Coordinator	Lauren Stabinsky MSN
Cancer Conference Coordinator	Dr. Michael McKenna

Cancer Program

The Cancer Program at Robert Wood Johnson University Hospital Hamilton (RWJUHH) is dedicated to providing a full spectrum of cancer care services for the community. This commitment starts with the understanding that prevention and early detection is the key in our ongoing battle against cancer. Following the American Cancer Society Guidelines and the needs of our community based on the Mercer County Community Health Assessment; RWJUHH offered the following free Cancer Screenings Programs to the community in 2017:

- 13 Colorectal Screening
- 2 Oral Cavity Screening
- 4 Prostate Screening
- 1 Testicular Cancer Screening

Cancer related Prevention Programs held for the community in 2017 included such topics as:

- Skin Cancer Prevention
- Stomach Cancer Prevention
- Liver and Pancreas Cancer Prevention

Educational Programs offered in addition were:

- Cancer: Thriving & Surviving (6 week program)
- Breast Health Information
- Great American Smoke Out

Our cancer patients have convenient and easy access to:

- Diagnosis, treatment and follow-up that can only be found at an NCI designated treatment facility
- Clinical research and experimental treatments for advanced cancers
- The expertise and insight of oncologists from a renowned facility
- Support team personnel with expertise in the care and treatment of cancer patients
- Oncology Certified Nursing Staff
- Dedicated Clinical Research Nurse

Cancer Prevention Program

RWJUH Hamilton Cancer Committee offered a skin cancer prevention cancer on May 30, 2017 at the RWJ Fitness and Wellness Center to its surrounding community. Skin cancer is the most common type of cancer. It is important to know the type of skin cancer and how it affects your treatment options and prognosis. The program objective was to discuss how to identify risk factors using American Cancer Society (ACS) evidence-based guidelines. There were 10 attendees at the program. All attendees listened to a prevention lecture on skin cancer, and the

types of skin cancer. Participants had an opportunity to ask the lecture physician questions and discussed available resources on site. The attendees completed a short program evaluation form. Ninety percent of the attendees felt the program was worth their time attending. Ninety percent felt the program helped them learn more about skin cancer and treatments. Eighty percent noted that they would recommend this type of program to others. Ninety percent recommended that RWJUH Hamilton continue the skin cancer screening program.

Cancer Screening Program

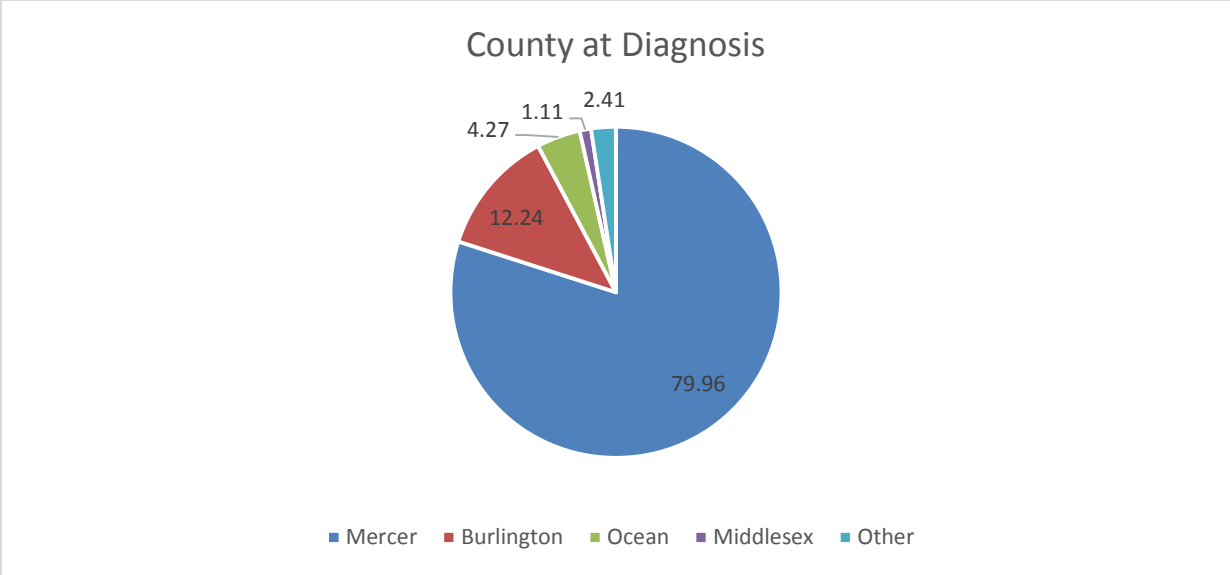
RWJUH Hamilton Cancer Committee offered a prostate cancer screening program on August 14, 2017 at Rutgers Cancer Institute of New Jersey Hamilton for the surrounding community. The program objective was to focus on the need to decrease the number of patients with late stage prostate cancer disease. The screening event was consistent with evidence-based American Cancer Society (ACS) and National Comprehensive Cancer Network (NCCN) Guidelines for prostate cancer screening. Prostate cancer often grows slowly, men often do not show symptoms of prostate cancer. The program discussed the average risks for men, PSA evaluation, and the digital rectal exam. There were 17 attendees at the event. Two of seventeen participants had a PSA score over the recommended 3.0 lab value. Further discussions with an urologist are needed to take into account changes in a man's health, values, and preferences. The two attendees were advised to see an urologist for more follow up care.

Tumor Board Conferences

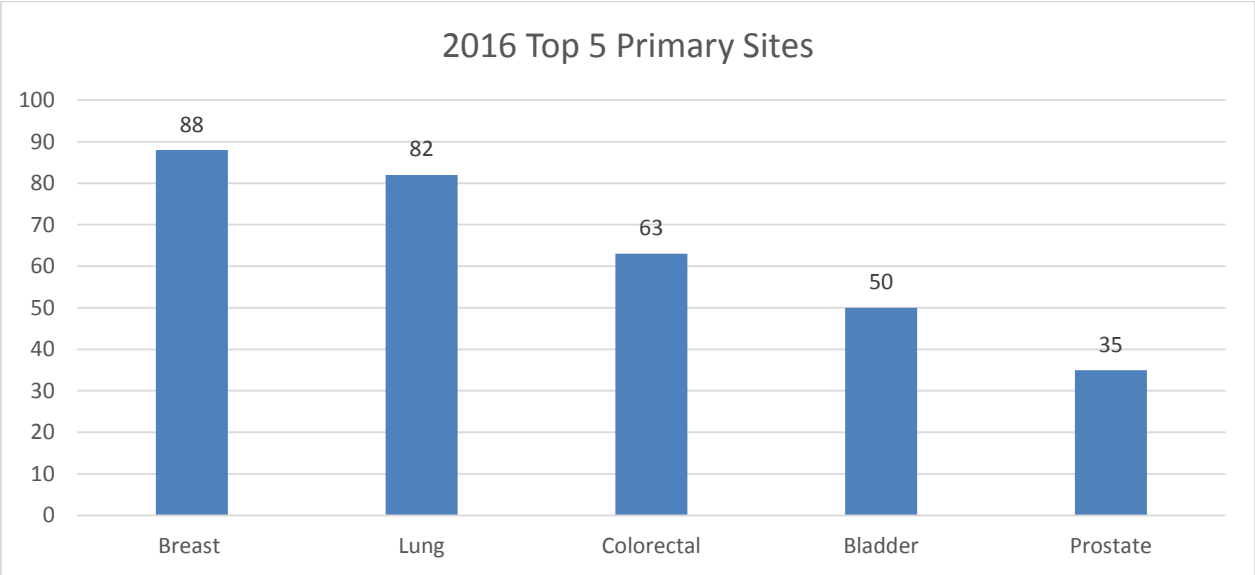
Multidisciplinary Tumor Board conferences are held the first, second and fourth Thursday and the third Wednesday of each month at 12 noon for physicians, nurses, allied health professionals, and clinical staff involved in the management of cancer patients. Case presentations include a review of the patient's history, physical findings, and clinical course of disease, radiographic studies and pathology slides. Each case is staged using American Joint Committee on Cancer (AJCC) staging, and members present discuss prospective treatment and management options based on NCCN guidelines. During 2016, a total of 188 prospective cases were discussed at the RWJUH Tumor Board Conferences.

Tumor Registry Report

Central to the oncology program at RWJUH is the Tumor Registry. The cancer specific registry is designed to track the diagnosis, treatment and survival of each cancer patient. A complete database is maintained using METRIQ software for those diagnosed and/or treated for cancer with details on survival information for all cases. Since January 1, 1995, the registry has accessioned 15,519 cases which includes all newly diagnosed cancer cases, previously diagnosed cancer cases, and patients with a history of cancer. In 2016, the registry accessioned 685 new cancer cases of that 539 cases were analytic cases. 79.96% of the analytic cases accessioned in 2016 were Mercer County residents, 12.24 % were from Burlington County, 4.27 % from Ocean County, 1.11 % from Middlesex County and 2.41 % from other counties.



The top five analytic sites in 2016 at RWJUHJ include breast, lung, colorectal, bladder, and prostate. Our data is electronically reported monthly to the New Jersey Department of Health and Senior Services State Cancer Registry (NJSCR). Each case includes data on demographics, social, family, and medical history, histology, therapeutic information, treatment, TNM staging, and SEER Summary Staging. The status of patients are checked annually to assure continued medical surveillance and to provide meaningful end results data.



Monitoring Compliance with Evidence-Based Guidelines

Each calendar year, the cancer committee designates a physician member to complete an in-depth analysis to assess and verify that cancer program patients are evaluated and treated according to evidence-based national treatment guidelines. The cancer committee designated Dr. Rachana Singh, Radiation Oncologist, to perform an in depth analysis to determine adherence to National Comprehensive Cancer Network (NCCN) for in-situ breast cancer patients with clinical stage T0, N0 received NCCN guideline recommended workup prior to recommended surgical resection. Dr. Singh performed a retrospective chart review of ductal carcinoma in-situ breast cancer cases for the year 2016 class of case 10-22. Sixteen cases meet the review criteria. She noted 93.75% meet the NCCN Guideline of DCIS clinical work up of H & P, diagnostic bilateral mammogram, pathology review, determination of ER status, optional genetic counseling workup for high risk hereditary patients and optional breast MRI were performed prior to surgical resection revealed that one in-situ breast cancer patient did not show documentation of bilateral mammogram prior to an excisional biopsy.

Additional findings were: Retrospective chart review of DCIS postsurgical resection radiation therapy revealed that seven patients refused radiation therapy, two were contraindicated due to comorbidities and one patient had a mastectomy with SLN biopsy performed. Retrospective chart review of DCIS postsurgical resection hormonal therapy revealed five patients did not receive treatment. Three patients refused hormonal therapy. Two patients had a mastectomy and hormonal therapy was not planned.

Date presented at Cancer Committee: 11/8/2017